

Demographic Reporting Form

Individual – Quarterly Totals

Positive Alternatives

Dates: 10/1 – 12/31/16 Qtr 2 Grantee Name: myHealth

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
	4	7	3				

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
1	2	2	9		

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
	14	

4. Client Race:

Race: White	Race: African American	Race: African-African	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
5	4				3	2

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
4	6	4

6. Client Type:

Mother	Father	Grandparent	Other
14			

